



Center for Medicaid and State Operations

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Ref: S&C-03-20

**DATE:** May 8, 2003

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Medicare Identification Number Assignment for End Stage Renal Dialysis (ESRD) Facilities

**TO:** Survey and Certification Regional Office Managers (G-5)  
State Survey Agency Directors

The purpose of this memorandum is to clarify the identification numbers to be used for ESRD facilities. These facilities have a variety of different identification numbers that they may be assigned for survey and certification purposes depending on their type and purpose. Although some ESRD facilities may refer to their identifying numbers as billing numbers, billing is a matter between the fiscal intermediary and the ESRD facility. Survey and certification personnel should not give advice on the number the facility uses for billing purposes. The assigned Medicare number for identification purposes consists of six positions. The first two positions refer to the state code. The third and fourth positions represent the type of provider or supplier of services. The fifth and sixth positions are sequentially assigned. The following identification numbers are assigned to hospitals and ESRD facilities that provide renal dialysis services.

**LAST 4 DIGITS    DESCRIPTION**

0001-0879	Short Term (General and Specialty) Hospitals
2000-2299	Long Term Hospitals
2300-2499	Chronic Renal Disease Facilities (Hospital-Based)
2500-2899	Non-Hospital Renal Disease Treatment Centers
2900-2999	Independent Special Purpose Renal Dialysis Facilities
3300-3399	Children's Hospitals
3500-3699	Renal Disease Treatment Centers (Hospital Satellites)
3700-3799	Hospital-Based Special Purpose Renal Dialysis Facilities

There are some instances when an ESRD facility's identification number requires a change as a result of an action taken by the ESRD facility. If a hospital-based ESRD facility converts to an independent ESRD facility or if an independent ESRD facility converts to a hospital-based ESRD facility there must be an identification number change. Satellite ESRD facilities must be hospital owned and are considered hospital-based. A hospital may have more than one ESRD satellite facility.

**NOTE:** The physical location of an ESRD facility on the premises of a hospital is not considered when determining if the ESRD facility is hospital-based. In accordance with 42 CFR 413.174, hospital corporate control is a critical factor in determining whether an ESRD facility is hospital-based. Hospitals may have a lease arrangement for the management of a hospital-based ESRD facility by a non-hospital manager.

The Medicare identification number of the ESRD facility may remain the same in the following situations:

- A hospital-based ESRD facility retains ownership of the facility but contracts with another entity for management of the facility;
- The hospital closes the dialysis facility, but retains its transplant program. The Centers for Medicare & Medicaid Services (CMS) terminates the outpatient dialysis services but retains the identifying ESRD number for the still active transplant program;
- The hospital closes the transplant program but retains the ESRD facility. In such a case CMS terminates the transplant program but keeps the ESRD facility number active for the dialysis program;
- The ESRD facility is purchased by another ESRD facility of the same type. For example, independent by independent or hospital-based by hospital-based; and
- The geographic location of the ESRD facility is changed within the same state. A re-certification survey is always required when a dialysis facility re-locates within a state. If a geographic location is changed to another state, the ESRD facility at the old location must be terminated and the relocated ESRD facility must qualify as a new applicant with a new identification number in the state to which it moved.

**When Regional Offices send correspondence concerning certification to ESRD facilities, the following information should always appear:**

THE ASSIGNED CMS IDENTIFICATION NUMBER WITH CAPTION;

CMS CROSS REFERENCE PROVIDER NUMBER WITH CAPTION (IF APPLICABLE);

MEDICARE APPROVAL DATE;

NUMBER OF STATIONS;

SERVICES OFFERED;

NAME OF FACILITY;

FACILITY'S PHYSICAL LOCATION ADDRESS;

FACILITY'S MAILING ADDRESS;

FACILITY'S TYPE OR STATUS (HOSPITAL-BASED/INDEPENDENT/SATELLITE);

FACILITY CONTACT FOR ESRD NETWORK;

FACILITY OWNERSHIP (CORPORATION/PARTNERSHIP/SOLE  
PROPRIETORSHIP/ETC.); AND

RO CONTACT (NAME AND PHONE NUMBER).

If you have additional questions please contact Mike Goldman of my staff at 410-786-6813.

**Effective Date:** This policy is effective immediately.

**Training:** This policy should be shared with all appropriate survey and certification staff, their managers, and the state/regional office training coordinators.

/s/  
Steven A. Pelovitz

cc: Mathew Leipold, OCSQ